

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>E. K. R. S. D.</i>		05-17-01
O.I.P.E. CLASSIFIER			6/5/01
FORMALITY REVIEW	<i>m/c</i>	52 569	7/13/01
RESPONSE FORMALITY REVIEW	<i>m</i>	905	9/24/01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/9/01
2	✓	✓	4/9/01
3	✓	✓	4/9/01
4	✓	✓	4/9/01
5	✓	✓	4/9/01
6	✓	✓	4/9/01
7	✓	✓	4/9/01
8	✓	✓	4/9/01
9	✓	✓	4/9/01
10	✓	✓	4/9/01
11	✓	✓	4/9/01
12	✓	✓	4/9/01
13	✓	✓	4/9/01
14	✓	✓	4/9/01
15	✓	✓	4/9/01
16	✓	✓	4/9/01
17	✓	✓	4/9/01
18	✓	✓	4/9/01
19	✓	✓	4/9/01
20	✓	✓	4/9/01
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22	✓	✓	4/9/01
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43	✓	✓	4/9/01
44	✓	✓	4/9/01
45	✓	✓	4/9/01
46	✓	✓	4/9/01
47	✓	✓	4/9/01
48	✓	✓	4/9/01
49	✓	✓	4/9/01
50	✓	✓	4/9/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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76 5273

C.C.  
 07-13-01